## Entry Blank—Please Type or Print

Ms./Artist	
	Gale Flament
☐ Mr./Artist	(last name last)
Permanent	
Address	4306 5. Park Blvd Shaker Hts Street City
	Street City
44120	Daytime Tel. (216) 261-2900
Zip	area
Temporary or	
Studio Address	
	Street City
	Daytime Tel. ( )
Zip	area
	esently live in one of the counties of the Western county were you born?
Collaborator (if a	ny)
☐ Artist will pic ☐ Museum show	ries are not accepted or are not sold: c up at Museum. uld dispose of. uld ship to artist at artist's expense:
	3000
City	State Zip
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## **Entry Blanks**

Detach entire portion along dotted line and submit with slides, but retain tags

A	☐ Paint			Photography (specify category)		
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V	an Dy	ke Brown	*1 1/			
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D	☐ Sculp	ture 🗆 Cra	ıfts		ecify category	
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